

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035763

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 227

FILED OCT 1 1962

## 1. PLACE OF DEATH

a. COUNTY

RANDOLPH

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

MOBERLY

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE

MO.

b. COUNTY

CHARITON

c. CITY  
OR TOWN

KEYTESVILLE

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

WOODLAND HOSP

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

HEDRICK REST HOME

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WILLIE MAC MURRY

## 4. DATE OF DEATH

Month

Day

Year

9-14-1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

11-19-1878

## 9. AGE (last birthday)

83

## IF UNDER 1 YEAR

Months Days

9 26

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

## 10b. KIND OF BUSINESS OR INDUSTRY

FARM

## 11. BIRTHPLACE (City and state or country)

UNKNOWN

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

PAT MURRY

## 13b. MOTHER'S MAIDEN NAME

MURPHY

## 14. NAME OF HUSBAND OR WIFE

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

L.L. EMERICH

## Address

MENDON MO.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral hemorrhage with right hemiplegia

and coma

## DUE TO (b)

Arteriosclerosis

## DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## INTERVAL BETWEEN ONSET AND DEATH

3 days

Unknown

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

September 11, 1962 to September 14, 1962

her and last saw him alive on 9/14/62

## Death occurred at

9:40 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Clarence C. Cohrs, M.D.

## 22b. ADDRESS

317 Virginia Ave.  
Moberly, Missouri

## 22c. DATE SIGNED

9/15/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

9-16-1962

## 23c. NAME OF CEMETERY OR CREMATORY

POWELL CEM.

## 23d. LOCATION (City, town, or county)

INDIAN GROVE MO.

## (State)

## 24. FUNERAL DIRECTOR

GARNETT FUNERAL HOME

## ADDRESS

KEYTESVILLE MO

## 25. DATE RECD. BY LOCAL REG.

9-16-62

## 26. REGISTRAR'S SIGNATURE

Leah U. Loebe

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Lilburn K. Tillatson*

Licensed Embalmer No. \_\_\_\_\_

*4508*

P. O. Address \_\_\_\_\_

*Marsden*  
*Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.